

EXHIBIT "B"

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

DANIEL ARMENDARIZ #313909)
)
PLAINTIFF,)
)
V.)
)
) CIVIL ACTION NO.
) 2:19-CV1046-WHA
COMMISSIONER DUNN, et al.,)
)
DEFENDANTS,)
)

DECLARATION

I Jory Wood AIS# 238650
HEREBY DECLARE:

THAT I WAS IN A HOLDING CELL NEXT TO THE SHIFTT OFFICE WHEN A PRISONER WAS BROUGHT IN FOR MULTIPLE STABB WOUNDS. I LATER FOUND OUT HIS NAME WAS DANIEL ARMENDARIZ WHEN HE WAS BROUGHT BACK FROM THE HOSPITAL AND PUT IN THE SAME DORM I WAS IN. I COULD TELL HE WAS HURTING AND HAVING TROUBLE BREATHING. LT. DAVIS KEPT TELLING HOM NOT TO GET BLOOD EVERYWHERE. ON TWO SERERATE OCCASIONS AN OFFICER ASKED HIM TO SIGHN A LIVING AGREEMENT AND HE ALSO ASKED HIM TO FILL OUT AN INCIDENT REPORT THE TIME WAS IN BETWEEN 4:00pm AND 5:00pm BECAUSE THEY WERE HAVING PILL CALL AND IT STARTS AT 4:00pm IT TOOK OVER THIRTY MINUTES TO TRANSPORT US TO STATON CORRECTIONAL FACILITY FOR MEDICAL ATTENTION. WE WERE SEEN BY TWO NURSES THAT WORK FOR WEXFORD HEALTH SOURCES INC. AFTER ABOUT THIRTY MINUTES HE STARTED VOMMITING A LITTLE WHILE AFTER HE WAS TRANSPORTED TO JACKSON HOBBITAL.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS
TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE EXECUTED AT ELMORE
ALABAMA ON THE 25th DAY OF March, 2020

Jory Wood
SIGNATURE

Jory Wood
PRINT NAME

Alabama Department of Corrections
Inmate Body Chart Documentation Form

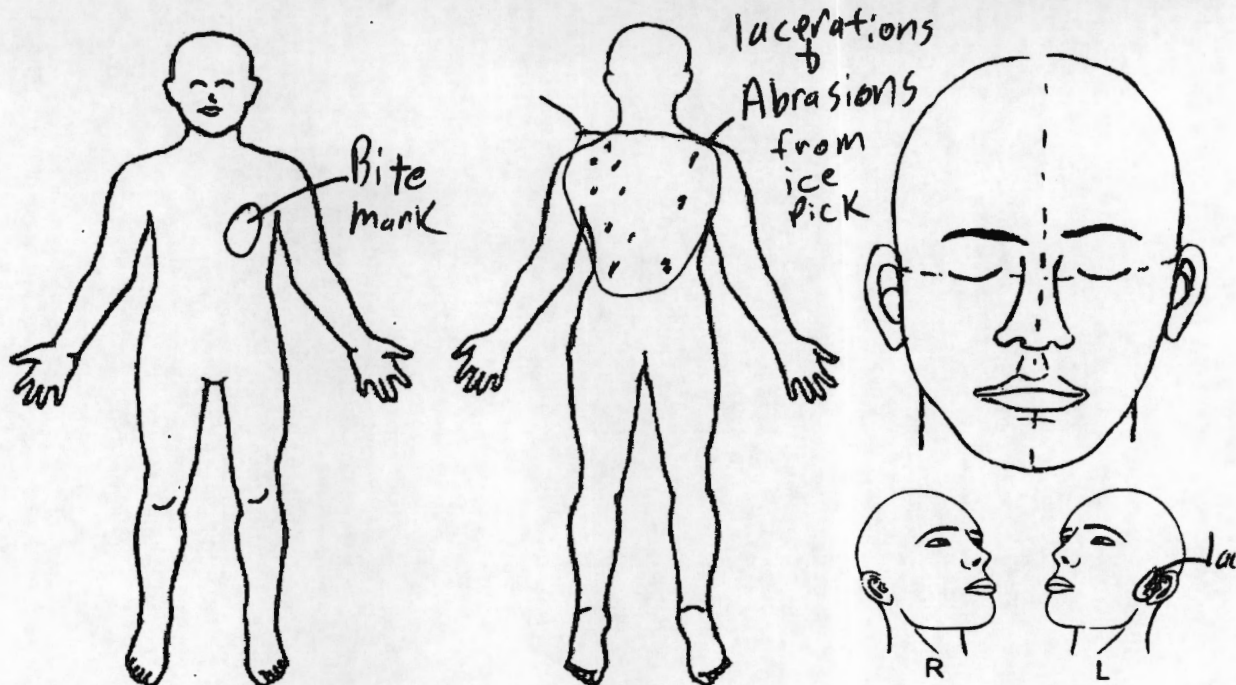


Institution: Elmore Date: 8/3/19 Time: 1735

Individual Requesting Body Chart (print name): Carstaphen Title: _____

Inmate statement:

"Another Inmate Stabbed me"



Description of markings:

laceration noted to (L) ear, Abrasions to small indentions
Noted throughout Back area. No other complaints noted
@ this time.

Check below:

- ☐ *NET additionally completed and filed in the inmate health record.
☐ *Special Health Needs Communication Form completed and distributed, as necessary.

Health Professional (signature): P. Holman LRN Date: 8/3/19 Time: 1735

Inmate Name: Armendariz, Daniel AIS #: 313909 DOB: [REDACTED]


Wexford Health
 SOURCES INCORPORATED

Medical Director QA Emergency Reporting Form

FAX: 412 539-0415 or E-mail: AL_UMFaxes@wexfordhealth.com

Inmate Name: <u>Armen dariz</u>		Date/Time Sent Out: <u>8/3/18</u>
Facility Name: <u>Staten</u>		ED Hospital Location: <u>Jackson Hospital</u>
DOC#: <u>313909</u>	DOB: <u>[REDACTED]</u>	Referring Site Physician Name: <u>Bocwicz</u>
Referring Site Physician Signature: <u>[REDACTED]</u>		
RMD Notified of non 911: _____		
Emergency Medical HX: <u>Possible lung puncture</u>		Referring site physician location: <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> On Site Transportation: <input type="checkbox"/> Ambulance <input type="checkbox"/> Air <input checked="" type="checkbox"/> State Vehicle
		PMHX/PSHX/MEDS/ALLERGIES/SH: <u>NKA</u>
Trauma condition result of: <input checked="" type="checkbox"/> Altercation <input type="checkbox"/> Sports <input type="checkbox"/> Work <input type="checkbox"/> N/A		
Physical Exam w/vitals: T: <u>97.6</u> BP: <u>169/90</u> HR: <u>102</u> RR: <u>22</u> Pulse Ox: <u>94</u>		On-Site Interventions and Patient Response: <u>Assessment, Call MD</u>
Reason sent to ED: <u>X-Rays for possible lung puncture</u>		
RMD Notified: Date: <u>8/3/18</u> Time: <u>1808</u> ED Physician Name spoken to <u>initially</u> : <u>Chelsea RN</u> Time: <u>1836</u> Discussion & Plan w/ED Physician <u>initially</u> :		ED Physician Name spoken to in <u>follow-up</u> : _____ Time: _____ Discussion & Plan w/ED Physician for <u>follow-up</u> :
Disposition: <input type="checkbox"/> Admit <input type="checkbox"/> Return to Site Date and Time: _____ Transfer to: _____		
***UM Director Only: <input type="checkbox"/> ED Referral Appropriate <input type="checkbox"/> ER Preventable - No staff available onsite to adequately eval / Inappropriate medical info from Nursing staff / Insufficient site medical team clinical mgmt. capabilities / Lack of necessary or operational equipment / Sent by security/ Infirmary Capabilities / Not medically necessary / Insufficient information _____		
Signature _____		Date _____
**Please fax the completed form to 412 539-0415 or E-mail: AL_UMFaxes@wexfordhealth.com		



Emergency/Hospitalization Notification Form

Fax to 412-539-0415 or 412-937-9151

or

Email: AL_UMFaxes@wexfordhealth.com

Correctional Facility: StatonDate: 8/3/18

Reference Number:

Inmate Name: Armedariz, Daniel

SSN: [REDACTED]

Inmate Number: 313909

DOB: [REDACTED]

Advance Directives:

Referring Physician: ☒ YES ☐ NODr. Borwicz

Type of Service:

☒ ER☐ Direct Admit☐ STAT LAB☐ Other:☐ Admit through ER☐ Hospital-to-hospital transfer☐ Urgent Office☐ ER to Observation☐ Scheduled Admission☐ Urgent Radiology/X-RayFacility/Place of Service: Jackson HospitalAddress: Pine Street Montgomery, ALTelephone: 293-8000Treating Physician: Dr. BorwiczTransportation: ☐ Ambulance ☒ State Vehicle ☐ Other:

SPECIFIC REASON FOR EMERGENCY TREATMENT OR ADMISSION

DIAGNOSIS: Possible lung Puncture911 REFERRAL ☐ YES ☒ NOIf no, was RMD contacted? ☒ YES ☐ NODate Out: 8/3/19Time: 1830

Return Date:

Time:

Admission Date:

Time:

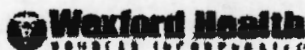
Transmittal Date:

Time:

By:

After Hours Notified: ☐ Yes☐ No

If yes, send copy with patient to hospital.


ALM
PROGRESS

Offender Information:

HSR#

DATE/TIME

Armenendariz Daniel

Last Name

First Name

MI

ID#: 31396

ABRASIONS and LACERATIONS

Subjective, Objective, Assessment	Plans
S)	P)
Allergies? NKA	Refer to Provider: Last toxoid was more than 5 years ago. If wound has ground in debris. If wound has uncontrolled bleeding. If signs of infection are present. For wounds covering large or deep areas or over joints. For lacerations of eyelids, lips, ears over joints on fingers. For assault wounds to head face, chest, back or abdomen. For wounds not responding to protocol treatment.
Cause of the injury? Stabbing related	For wounds which require sutures. Exchange of body fluid. If injury is self-inflicted, refer to Mental Health
Where did it happen? Inmate was laying Bed	
Time of the injury: 1630	
Type of the object involved: Ice Pick or Pen	Nursing Intervention Cleanse with antiseptic soap. If wound is on the face use Phisoderm or equivalent and rinse with Normal Saline. Apply direct pressure with sterile compress (to control bleeding) if needed & elevate if possible. For discomfort: Acetaminophen 325 mg, 2 tablets p.o. b.i.d. p.r.n. x 3 days. Triple antibiotic ointment b.i.d. x 3 days. Dress abrasions as necessary -- butterfly or steri strip if necessary.
History of excessive bleeding Y <input checked="" type="checkbox"/>	
Date of last Tetanus vaccination: Unknown	
O)	
T 97.6 P 102 R 22 BP 169/90 WT 94	Patient Teaching: Signs of infection (swelling, redness, pus, heat, streaking). Signs of impaired circulation (blanching nails, cold extremities). Safety, prevention measures. Need for follow-up referral at sick call if infection and/or impaired circulation develop.
Loss of consciousness/orientation None	
Size/depth/location of injury: 5 mm	
Contaminates/ground in debris: N/A	Follow up: Wound check in the clinic or by sick call nurse in 24 hours; thereafter, depending on severity and patient's ability to provide self-care.
Bleeding/drainage/amount/character: Bright red Blood	
Swelling/disfigurement Y <input checked="" type="checkbox"/>	
Loss of ROM? Y <input checked="" type="checkbox"/>	
S&S of impaired circulation? Y <input checked="" type="checkbox"/>	Multiple stab Stab Wounds to Back
A)	
Alteration in Comfort	
Altered Skin Integrity	

Signature/ Title

P. Richardson LPN

ECC

Alabama Inmate Grievance



Medical Grievance



Medical Grievance Appeal

Check the appropriate above box which identifies the type of grievance you are filing. Be aware that you may not check the appeal box if you have not previously submitted a grievance for the same issue.

Daniel Armendariz
NAME

313909
AIB #

C2/75B
UNIT

07-26-19
DATE

PART A--Inmate Grievance

This is a Request for medical records from staton and Jackson hospital pertaining to a stabbing that happen to me August of 2018. Failure to provide me with these records will result in a civil procedure to obtain These records. Thanks for your time and help in this matter.

Daniel Armendariz
INMATE SIGNATURE

PART B -RESPONSE

DATE RECEIVED 7/30/19

Good Evening,

I understand your problem, but if you need those records, you need to get your Attorney to get those files.

G. Anthony Ombudsman
Department Head Signature

DATE 7/30/19

If you wish to appeal a grievance response you may file a Grievance Appeal. Return the completed form to the attention of the Health Service Administrator. You may place the form in the sick call request box or give it to the segregation sick call nurse on rounds.

MEDICAL ADMINISTRATOR USE ONLY:

☐ Medical ☐ Dental ☐ Mental Health ☐ Other

<input type="checkbox"/> I Quality of Onsite Care	<input type="checkbox"/> VI Timeliness of Specialty Care
<input type="checkbox"/> II Quality of Specialty Care	<input type="checkbox"/> VII Medication Issues
<input type="checkbox"/> III Access to Onsite Care	<input type="checkbox"/> VIII Treatment and Testing Issues
<input type="checkbox"/> IV Access to Specialty Care	<input type="checkbox"/> IX Care Staff Conduct
<input type="checkbox"/> V Timeliness of Onsite Care	<input type="checkbox"/> X Other

07-26-19

Alabama Dept. of Corrections

Att: Commissioner Dunn

P.O. Box 301501

Montgomery, AL 36130

RE: Grievance

Dear, Mr Dunn

My name is Daniel Armendariz #313909
I'm currently housed at Elmore Correctional Facility. Around July or August, 2018 I was assaulted by inmate Ernest White. I was hospitalized for two collapsed lungs and Multiple stab wounds to the back. I wrote Internal Investigation Division for Alabama Dept. of Corrections seeking information regarding the incident, but I got no response. The reason for the request was, so I could provide all the correct facts. I'm seeking Monetary damages for the violation of my 8th Amendment Constitutional rights. I'm seeking damages from you, Lt. Davis, Warden Headly and the two officers on Duty at the time of the incident.

I'm writing this letter because it has come to my attention that prisoners must exhaust Administrative remedies before Filing a civil action. After Careful research I have Come to the Conclusion that Alabama Dept. of Corrections has no verbal or written Grievance procedure in place. I have took it upon myself to write this letter at the administrative level as a Grievance. Failure to respond in thirty days will be considered a denial and I will Send out another letter as an appeal thanks For your time and help in this matter.

Sincerely,
Daniel Drummond

08-28-19

Alabama Dept. of Corrections
Att' Commissioner Dunn
P.O Box 301501
Montgomery, AL 36130

RE: Grievance Appeal

Dear, Mr. Dunn

My name is Daniel Armendariz #313909
I'm currently housed at Elmore Correctional
Facility. In July 26, 2019 I wrote a grievance
concerning an assault Seeking Monetary
Damages from you, Warden Headly, Lt. Davis
and the two officers on Duty at the time
of the incident. It's been over thirty days
and have not gotten a response. This letter
is an appeal to that grievance if I do not
get a response by December I will move
forward with a civil action. Thanks for your
time and help in this matter.

Sincerely,
Daniel Armendariz